



# Membership Application / Renewal

January 1 – December 31, 2015

Payment Processing Center 1727 King St Suite 300 Alexandria, VA 22314 Phone (703) 688-2284 Fax (703) 348-7602

## Credit Union Information

Credit Union Name: \_\_\_\_\_ Website: \_\_\_\_\_

Credit Union CEO: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DP Firm: \_\_\_\_\_ Audit Firm: \_\_\_\_\_

## Membership Options

(indicate # for each)

☐ New Member ☐ Renewal

\_\_\_\_\_ \$200 1<sup>st</sup> Internal Auditor Member \_\_\_\_\_ \$200 Each Additional Internal Auditor

\_\_\_\_\_ \$200 Each Supervisory / Audit Committee Member

## Primary Member Information

Privacy Information: Do not include my name in the ACUIA Directory ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Fax Number\*: \_\_\_\_\_ Email address\*: \_\_\_\_\_

## Additional Members Information

Privacy Information: Do not include my name in the ACUIA Directory<sup>1</sup>

2. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

3. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

4. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

5. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

6. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

7. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

8. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

9. Name: \_\_\_\_\_ Email address\*: \_\_\_\_\_ ☐<sup>1</sup>

*\*Fax and/or email will be used for member communications.*

## Payment Information

Payments to ACUIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Federal Tax ID # 39-1666875

Credit Card: ☐ VISA ☐ MasterCard | ☐ Check or Money Order Enclosed #: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_  
(mo/yr) (3 digit number on back)

Cardholder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Date: \_\_\_\_\_

The Association of Credit Union Internal Auditors (ACUIA) collects credit card information to make it easier for you to sign up for membership, as well as pay for other services. ACUIA does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer, please use a check or money order to make any necessary payments. Payments to ACUIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.